

**2016 CAMP & CLINIC  
SPORTS MEDICINE INFORMATION SHEET**

**\*\*PLEASE ATTACH A FRONT/ BACK COPY OF YOUR INSURANCE CARD TO THIS FORM.  
CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP ACTIVITIES UNTIL  
THEY HAVE TURNED IN ALL OF THE REQUIRED FORMS. \*\***

Camp/Clinic Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

**Please provide the following medical information for your child:**

**Primary Emergency Contact:**

Name (First & Last): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**Secondary Emergency Contact:**

Name (First & Last): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

**Allergies / Reaction**

Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

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**Injury History**

Please list any injuries, including recent sprains, fractures, etc. and the date (MM/YY) the injury occurred.

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**Medical Conditions**

Please list all medical conditions (asthma, diabetes, cardiac disorders, seizure disorders, etc.).

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**Current Medications**

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Date of Last Tetanus Shot (MM/YY): \_\_\_\_\_